



Hurricane Katrina Temporary Emergency Shelter Per Diem Application

Provider Name: _____ Date: _____

Organization Name: _____

Home Owner: ☐

Renter: ☐

Organization: ☐

Texas Driver's License #: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Please complete the information listed below for each household member who was displaced by Hurricane Katrina and whom you are presently providing temporary shelter. Please complete additional per diem applications as needed.

Name: _____ Male ☐ Female ☐ Age: _____

Address of dwelling in affected area: _____

City: _____ State: _____ Zip: _____ Driver's License #: _____

Name: _____ Male ☐ Female ☐ Age: _____

Address of dwelling in affected area: _____

City: _____ State: _____ Zip: _____ Driver's License #: _____

Name: _____ Male ☐ Female ☐ Age: _____

Address of dwelling in affected area: _____

City: _____ State: _____ Zip: _____ Driver's License #: _____

Name: _____ Male ☐ Female ☐ Age: _____

Address of dwelling in affected area: _____

City: _____ State: _____ Zip: _____ Driver's License #: _____

Name: _____ Male ☐ Female ☐ Age: _____

Address of dwelling in affected area: _____

City: _____ State: _____ Zip: _____ Driver's License #: _____

Name: _____ Male ☐ Female ☐ Age: _____

Address of dwelling in affected area: _____

City: _____ State: _____ Zip: _____ Driver's License #: _____

Name: _____ Male ☐ Female ☐ Age: _____

Address of dwelling in affected area: _____

City: _____ State: _____ Zip: _____ Driver's License #: _____

Name: _____ Male ☐ Female ☐ Age: _____

Address of dwelling in affected area: _____

City: _____ State: _____ Zip: _____ Driver's License #: _____

Name: _____ Male ☐ Female ☐ Age: _____

Address of dwelling in affected area: _____

City: _____ State: _____ Zip: _____ Driver's License #: _____